

**MEDICAL RECORD**
**GYNECOLOGIC CYTOLOGY**
**SECTION I—CLINICAL DATA TO BE COMPLETED BY EXAMINING INSTALLATION**

DATE OBTAINED		LMP FIRST DAY		DATE RECEIVED IN LABORATORY	
SOURCE OF SPECIMEN					
<input type="checkbox"/> COMBINED CERVIX AND VAGINA		<input type="checkbox"/> CERVIX		<input type="checkbox"/> VAGINA	
<input type="checkbox"/> OTHER (specify)					
AGE	PREGNANCY	GRAVIDA	PARA	PREVIOUS ABNORMAL CYTOLOGIC EXAMINATION	
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES (Give date) <input type="checkbox"/> NO	
CLINICAL HISTORY (Surgery, drugs, hormones, radiation, etc.)				PHYSICAL EXAMINATION (Pelvic findings, etc.)	
SPECIMEN SUBMITTED BY (Facility)			SIGNATURE AND TITLE		SUBMITTING FACILITY ACCESSION NUMBER

**SECTION II—CYTOLOGIC FINDINGS FROM REPORTING INSTALLATION ONLY**

NAME OF LABORATORY					ACCESSION NUMBER	
CHECK (✓) ONE	YES	NO	CHECK (✓) ONE	YES	NO	
Granulocytes			Endocervical cells  SCREENED BY			MATURATION INDEX
Leptothrix						PARABASALS
Trichomonas						INTERMEDIATES
Candida						SUPERFICIALS

COMMENTS AND RECOMMENDATIONS

PATHOLOGIST'S SIGNATURE	TITLE	DATE
PATIENT'S IDENTIFICATION (Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		WARD OR CLINIC
		REGISTER NO.

 STANDARD FORM 541 (Rev. 11-77)  
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